

Subgrant Award Report (SAR) Instructions

1. **A. Subgrantee Agency Name and Address**
Provide the name and address of the subgrantee organization, including primary contact name and zip code.
- B. Telephone Number and Area Code**
Self-explanatory.
- C. Congressional District**
Provide the congressional district(s) in which the subgrantee's service area falls.
2. **Federal Grant Number**
Leave this section blank. The Governor's Grants Program will fill in this information.
3. **Purpose of VOCA Subgrant Award**
Check the box (a through f) that best describes the VOCA grant project awarded to the subgrantee.
4. **A. Crime Victim Assistance Funds Awarded**
Provide the federal share (80% of the total approved grant project) of the VOCA grant award project.
- B. State Award Number**
Provide the VOCA grant project number given to the subgrantee organization in the Grant Assurances.
- C. Project Begin Date**
This date will be October 1, 2005 for all subgrantees.
- D. Project End Date**
This date will be September 30, 2006 for all subgrantees.
5. **Subgrant Match: Has the Victim Service Program Received a Match Waiver?**
Check the box marked "NO." Match waivers must be requested in writing and approved by the Governor's Grants Program.
- A. Value of In-Kind Match**
Provide the amount of required match that is designated by the approved Budget Summary Form as In-Kind Match.
- B. Cash Match**
Provide the amount of required match that is designated by the approved Budget Summary Form as Cash Match.
- C. Total Match**
Provide the sum of lines 5(a) and 5(b). This total must equal 20% of the total approved VOCA grant project.
6. **These VOCA Funds Will Primarily Be Used To**
Check the box (a through e) that best describes the VOCA grant project awarded to the subgrantee.

7. **For This Victim Service Program Indicate**

A. **Number of Paid Staff**

Provide the number of positions funded under the approved VOCA grant project, including any paid positions used as a cash match, in full-time equivalents. For example, if the VOCA grant project funds one 40-hour/week position and two 20-hour/week positions, enter 2 full-time equivalents in line 5(a).

B. **Has the Victim Service Program Received a Volunteer Waiver?**

1. Check the box marked "No." Volunteer waivers must be requested in writing and approved by the Governor's Grants Program.

2. Provide the number of volunteer hours in full-time equivalents that are used by the subgrantee organization, whether used as in-kind match or not. For example, if the subgrantee organization averages 60 volunteer hours/week of volunteer time, enter 1.5 full-time equivalents in line 7(b)(2). The hours used to calculate full-time equivalents cannot include volunteer time contributed by subgrantee staff.

8. **Identify Any or All of the VOCA Grant That Will Be Used To Meet the Priority and Underserved Requirements**

Provide the amount of Federal VOCA funds that will be utilized to provide services in each of the categories listed in number 8. The categories and amounts given should correspond with both the approved Budget Summary Form as well as the projected numbers to be served in the General Information Form of the VOCA grant application. Remember to exclude match from these figures. The sum of the figures provided in number 8 must equal the Federal VOCA award (80% of the total approved VOCA grant project).

9. **Type of Implementing Agency**

Check the boxes that best describe the subgrantee organization. Check only one box from a through e, and only one box under the selected letter.

10. **Please Provide the Total Amount of Funding Allocated to Victim Services Based on the Subgrantee's Current Fiscal Year Budget**

Provide the sum of all funding sources that fall into each of the categories given in the chart on number 10. Letter b. VOCA funds should equal the Federal VOCA award (80% of the total approved VOCA grant project). Be sure that cash match is reflected correctly as either c. State, d. Local, or e. Other funds.

11. **Identify the Victims to be Served Through This VOCA-Funded Project By Checking the Type of Crime(s)**

Check each box that identifies the type of victims to be served with this VOCA grant project, including federal funds and local match. The boxes checked should correspond with both the approved Budget Summary Form as well as the projected numbers to be served in the General Information Form of the VOCA grant application.

12. **Check the Services to be Provided by This VOCA-Funded Project**

Check each box that identifies the type of services to be provided with this VOCA grant project, including both federal funds and local match.